

**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**

*June 2008*

*Version 4.0*



## **Companion Guide**

**Outbound 834 Benefit Enrollment and Maintenance**  
For ASC X12N 834

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

### Table of Contents

1.0 Introduction.....	1
1.1 What Is HIPAA?.....	1
1.2 Purpose of the Implementation Guide .....	1
1.3 How to Obtain Copies of the Implementation Guides.....	1
1.4 Purpose of This Companion Guide.....	1
1.5 Intended Audience .....	1
2.0 Establishing Connectivity with MassHealth .....	1
2.1 Setup .....	1
2.2 Trading Partner Testing .....	2
2.3 General Information for Member Name.....	2
2.4 Technical Requirements .....	2
2.5 Support Contact Information .....	3
3.0 Detail Data .....	4
4.0 Version Table.....	10
Appendix A: Links to Online HIPAA Resources .....	12

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

## 1.0 Introduction

### 1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 – Administrative Simplification (HIPAA-AS) – requires that MassHealth, and all other health-insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. The ASC X12N 834 (004010X095A1) transaction is the established standard for benefit enrollment and maintenance.

### 1.2 Purpose of the Implementation Guide

The Implementation Guide for the 834 benefit enrollment and maintenance transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within the segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to receive HIPAA-compliant files from MassHealth.

### 1.3 How to Obtain Copies of the Implementation Guides

The Implementation Guides for X12N 834 Version 4010A1 and all other HIPAA standard transactions are available electronically at [www.wpc-edi.com/HIPAA](http://www.wpc-edi.com/HIPAA).

### 1.4 Purpose of This Companion Guide

The 834 Companion Guide was created for MassHealth trading partners to supplement the 834 Implementation Guide. It describes the data content, business rules, and characteristics of the 834 transaction that is created by MassHealth.

### 1.5 Intended Audience

The intended audience for this document is MassHealth managed care providers who receive enrollment information from MassHealth.

## 2.0 Establishing Connectivity with MassHealth

All MassHealth trading partners must sign a Trading Partner Agreement (TPA). If you have elected to have a third party perform electronic transactions on your behalf you may be requested to complete a trading partner profile (TPP) form as well. Note that TPP information may be given over the telephone or the Provider Online Service Center in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again. Please contact MassHealth Customer Service at 1-800-841-2900 (see [Section 2.5 - Support Contact Information](#)) if you have any questions about these forms.

### 2.1 Setup

MassHealth trading partners should submit HIPAA 834 Outbound transactions to MassHealth via the Provider Online Service Center, or system-to-system using our Healthcare Transaction

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

Service (HTS) process. Trading partners must contact MassHealth Customer Service at 1-800-841-2900 with questions about these options and to obtain a copy of the HTS guide.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide (see [Section 2.2 - Trading Partner Testing](#)). After successful completion of testing, 834 (Outbound) transactions may be submitted for production processing.

## 2.2 Trading Partner Testing

Before receiving production 834 transactions, each trading partner should be tested. All trading partners who plan to receive 834 transactions must contact MassHealth Customer Service at 1-800-841-2900 (see [Section 2.5 - Support Contact Information](#)) in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

## 2.3 General Information for Member Name

The member name segment accepts and returns 30 characters as required in the Implementation Guide. However, If a value is submitted on a transaction that is greater than what is stored in the NewMMIS member database, on the return transaction the following would occur:(a) if a match is found on the database, the value stored on the database table is returned; (c) if no match is found on the database, the value stored on the original incoming transaction will be returned.

### Example

A provider submits an eligibility verification check (270) with a name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the name submitted, if a match is found on the database. If for some reason, the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the name would be returned exactly as it was originally submitted.

## 2.4 Technical Requirements

Before submitting production 834 transactions to MassHealth, each trading partner must be tested. All trading partners who plan to submit 834 transactions must contact MassHealth Customer Service at 1-800-841-2900 (see [Section 2.5 - Support Contact Information](#)).

MassHealth endorses the ASC recommendation that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 16 MB. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

The following conditions must be addressed in one or more test files.

- The outbound daily 834 file will be named 999999999A.834D.WEB.HHMMSSSS.312 - 999999999A is the nine-digit provider number and one alpha-character service location. In 834D, D represents the daily file, HHMMSSSS represents hours, minutes, seconds, and subseconds; 312 represents the Julian date the file was created.

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

- The outbound monthly (“audit”) 834 will be named 999999999A.834M.WEB.HHMMSSSS.312 - 999999999A is the nine-digit provider number and one alpha-character service location. In 834M, M represents the monthly file; HHMMSSSS represents hours, minutes, seconds, and subseconds; 312 represents the Julian date the file was created.
- The member fix file 834 (History request/responses) will be named 999999999A.834W.WEB.HHMMSSSS.312 - the 999999999A is the nine-digit provider number and one alpha-character service location. In 834W, W represents the weekly (history response) file; HHMMSSSS represents hours, minutes, seconds, and subseconds; 312 represents the Julian date the file was created.
- The daily 834 is created each weekday, Monday through Friday (holidays are not excluded), for MCOs and Behavioral Health, SCO, and PACE trading partners. The monthly 834 is available on the first calendar day of the month (holidays are not excluded) for all trading partners.
- 834 transactions adhere to the ASC X12N 834 (004010X095A1) format. The file is fixed-length ASCII and contains no real numbers.
- One 834 transaction has been created for each member. There are no dependents in any case.
- Many optional fields contain no data. These fields have been populated with spaces or zeros.
- All code values are in compliance with the HIPAA-compliant code sets unless otherwise stated in field-specific notes below. Local codes may be used where HIPAA code sets are unavailable.

### 2.45 Support Contact Information

For questions regarding any issues in this companion guide, providers may contact MassHealth Customer Service by mail, phone, fax, or email.

MassHealth Customer Service  
P.O. Box 9118  
Hingham, MA 02043  
E-mail: [hipaasupport@mahealth.net](mailto:hipaasupport@mahealth.net)  
Phone: 1-800-841-2900  
Fax: 617-988-8971

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

Outbound 834 Companion Guide  
June 2008

Version 4.0

### 3.0 Detail Data

MassHealth recommends that special attention be paid to the following segments as they have already generated questions.

Loop	Segment	Element Name	Companion Information
----	ISA	05 Interchange Sender ID Qualifier	<b>Code</b> "ZZ" <b>Definition</b> Mutually defined
----	ISA	06 Interchange Sender ID	"DMA7384"
----	ISA	07 Interchange ID Qualifier	<b>Code</b> "ZZ" <b>Definition</b> Mutually defined
----	ISA	08 Interchange Receiver ID	Your nine-digit MassHealth provider number and one-digit alpha character service location code
----	GS	02 Application Sender's Code	"DMA7384"
----	GS	03 Application Receiver's Code	Your nine-digit MassHealth provider number and one-digit alpha character service location code
----	BGN	01 Transaction Set Purpose Code	<b>Code</b> <u>00</u> <u>15</u> <u>22</u> <b>Definition</b> Original Resubmission Information copy
----	BGN	08 Action Code	<b>Code</b> <u>2</u> <b>Definition</b> Change/Update
----	DTP	03 Date Time Period	Current date
1000A	N1	01 Entity ID Code	P5 plan sponsor
1000A	N1	02 Plan Sponsor Name	"MassHealth"
1000A	N1	03 ID Code Qualifier	<b>Code</b> "ZZ" <b>Definition</b> Mutually defined
1000A	N1	04 ID Code	"DMA7384"
1000B	N1	01 Entity ID Code	<b>Code</b> "IN" <b>Definition</b> Insurer
1000B	N1	02 Insurer Name	" " – Blank
1000B	N1	03 ID Code Qualifier	<b>Code</b> "FI" <b>Definition</b> Federal tax ID number

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
June 2008

*Version 4.0*

Loop	Segment		Element Name	Companion Information	
1000B	N1	04	ID Code	"31-1658892"	
2000	INS	01	Yes/No Condition or Response Code	Always reported as a “Y,” as all data is reported at the member level	
2000	INS	02	Individual Relationship Code	<b>Code</b> 18	<b>Definition</b> Self
2000	INS	03	Maintenance Type Code	<b>Code</b> 001 021 024 025 030	<b>Definition</b> Change to existing record Addition Cancellation or termination Reinstatement Reconciliation file used for full replace files
2000	INS	04	Maintenance Reason Code	<b>Code</b> AI	<b>Definition</b> No reason given  The MassHealth disenrollment reason code is provided in 2000 Loop in REF02.
2000	INS	05	Benefit Status Code	<b>Code</b> A	<b>Definition</b> Active
2000	INS	08	Employment Status Code	<b>Code</b> FT  TE	<b>Definition</b> Full time  Terminated
2000	INS	10	Handicap Indicator	Y – Yes N – No	
2000	INS	12	Date of Death	Member’s Date of Death	
2000	REF	01	Reference Identification Qualifier	<b>Code</b> 0F 1L 17 3H DX ZZ	<b>Definition</b> Subscriber number Group or policy number Client reporting category Case number Agency number Mutually defined
2000	REF	02	Reference Identification	<b>Code</b>	<b>Definition</b>

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

Outbound 834 Companion Guide  
June 2008

Version 4.0

Loop	Segment	Element Name	Companion Information
			0F Member's Medicaid ID number 1L Member's benefit plan 17 Member's aid category 3H Member's case ID DX Composite of LWO, user ID, and other agency affiliations* ZZ Composite of disenrollment reason (2 char), pregnancy indicator (1 char), ethnicity code (6 char), and MC special condition (3 char)
2000	DTP	01	<b>Date/Time Qualifier</b> <b>Code</b> <b>Definition</b> 356      Initial enrollment
2000	DTP	03	Date Time Period Member managed care enroll date, if there is a managed care enroll date
2100A	NM1	01	<b>Entity ID Code</b> <b>Code</b> <b>Definition</b> IL      Insured or subscriber
2100A	NM1	02	<b>Entity Type Qualifier</b> <b>Code</b> <b>Definition</b> 1      Person
2100A	NM1	03	Last Name Member's last name
2100A	NM1	04	First Name Member's first name
2100A	NM1	05	Middle Name Member's middle initial
2100A	PER	01	<b>Contact Function Code</b> <b>Code</b> <b>Definition</b> IP      Insured party
2100A	PER	03	<b>Communication Number Qualifier</b> <b>Code</b> <b>Definition</b> IP      Insured party
2100A	PER	04	Communication Number Member's telephone number
2100A	N3	01	Address Information Member's address line 1
2100A	N3	02	Address Information Member's address line 2
2100A	N4	01	City Name Member's city
2100A	N4	02	State Code Member's state



# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide  
June 2008*

*Version 4.0*

Loop	Segment		Element Name	Companion Information				
2100A	N4	03	Zip Code	Member's zip code				
2100A	N4	05	Location Qualifier	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>CY</td><td>County/Parish</td></tr></table>	Code	Definition	CY	County/Parish
Code	Definition							
CY	County/Parish							
2100A	N4	06	Location Identifier	Member's two-character county code**				
2100A	DMG	02	Date Time Period	Member's date of birth (DOB)				
2100A	DMG	03	Gender Code	Member's gender				
2100A	DMG	05	Race Code	Member's race – HIPAA format				
2100A	AMT	01	Amount Qualifier Code	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>C1</td><td>Copayment amount</td></tr></table>	Code	Definition	C1	Copayment amount
Code	Definition							
C1	Copayment amount							
2100A	AMT	02	Co-Pay Amount	Member's copayment amount balance (Paid)				
2100A	LUI	02	Language Code	Member's spoken language – ISO 639-2 code				
2100A	LUI	03	Language Description	Member's written language – ISO 639-2 code				
2100B	NM1	01	Entity ID Code	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>70</td><td>Prior incorrect insured</td></tr></table>	Code	Definition	70	Prior incorrect insured
Code	Definition							
70	Prior incorrect insured							
2100B	NM1	02	Entity Type Qualifier	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>1</td><td>Person</td></tr></table>	Code	Definition	1	Person
Code	Definition							
1	Person							
2100B	NM1	03	Prior Incorrect Last Name	Member's prior last name				
2100B	NM1	04	Prior Incorrect First Name	Member's prior first name				
2100B	NM1	05	Prior Incorrect Middle Initial	Member's prior middle initial				
2100B	NM1	08	ID Code Qualifier	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>34</td><td>Social security number (SSN)</td></tr></table>	Code	Definition	34	Social security number (SSN)
Code	Definition							
34	Social security number (SSN)							
2100B	NM1	09	ID Code	Member's prior SSN				
2100B	DMG	02	Prior Incorrect Birth date	Member's prior DOB				
2100B	DMG	03	Prior Incorrect Gender Code	Member's prior gender				
2100G	NM1	01	Entity ID Code	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>QD</td><td>Responsible party</td></tr></table>	Code	Definition	QD	Responsible party
Code	Definition							
QD	Responsible party							
2100G	NM1	02	Entity Type Qualifier	<table><tr><th>Code</th><th>Definition</th></tr><tr><td>1</td><td>Person</td></tr></table>	Code	Definition	1	Person
Code	Definition							
1	Person							
2100G	NM1	03	Last Name	Member's last name				
2100G	NM1	04	First Name	Member's first name				
2100G	NM1	05	Middle Initial	Member's middle initial				

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
June 2008

*Version 4.0*

Loop	Segment		Element Name	Companion Information	
2100G	PER	04	Communication Number	Member's phone number	
2100G	N3	01	Address Information	Member's address line 1	
2100G	N3	02	Address Information	Member's address line 2	
2300	HD	01	Maintenance Type Code	<b>Code</b>	<b>Definition</b>
				001	Change
				002	Deletion
				021	Addition
				024	Cancellation or termination
				025	Reinstatement
				030	Audit or comparison (for reconciliation files only)
2300	HD	03	Insurance Line Code	<b>Code</b>	<b>Definition</b>
				HMO	Health maintenance organization
				AK	Mental health
2300	HD	04	Plan Coverage Description	Member's rate cell	
2300	DTP	01	Date Time Qualifier	<b>Code</b>	<b>Definition</b>
				348	Benefits begin
				349	Benefits end
2300	DTP	03	Coverage Period	Begin date and end date. If end date is not known only begin date is sent.	
2310	NM1	01	Entity ID Code	<b>Code</b>	<b>Definition</b>
				P3	Primary care provider – PCP
2310	NM1	02	Entity Type Qualifier	<b>Code</b>	<b>Definition</b>
				1	Person (PCP)
				2	Non-person entity (group provider)
2310	NM1	03	Name Last	Last name of member's PCP within the MCO or, if enrollment is the result of a PCC conversion, the provider last name or organization name	
2310	NM1	04	Name First	If this is the result of a PCC conversion, this is provider first name if NM102 =1.	
2310	NM1	05	Name Middle	If this is the result of a PCC conversion, this is provider middle name if NM102 =1.	

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide  
June 2008*

*Version 4.0*

Loop	Segment		Element Name	Companion Information	
2310	NM1	08	Identification Code Qualifier	<b>Code</b>  XX SV	<b>Definition</b>  National provider ID Provider ID/service location
2310	NM1	09	Identification Code	For MCOs this will be NPI of the PCP. For MBHP this will be the provider ID and service location of the member's PCC.	
2310	NM1	10	Entity Relationship Code	If this is the result of a PCC conversion: <b>Code</b>  25 72	<b>Definition</b>  Reestablished patient Unknown
2320	COB	01	Payer Responsibility Sequence Number Code	<b>Code</b>  U	<b>Definition</b>  Unknown
2320	COB	02	Reference Identification	MMIS TPL policy number	
2320	COB	03	Coordination of Benefits Code	<b>Code</b>  1	<b>Definition</b>  Coordination of benefits
2320	REF	01	Reference ID Qualifier	<b>Code</b>  6P	<b>Definition</b>  Group number
2320	REF	02	Reference Identification	Group number If group number is not known, REF01 and REF02 will not be sent.	
2320	N1	01	Entity Identifier Code	<b>Code</b>  IN	<b>Definition</b>  Insurer
2320	N1	02	Name	MMIS TPL carrier name	
2320	N1	03	ID Code Qualifier	<b>Code</b>  NI	<b>Definition</b>  National Association of Insurance Commissioners (NAIC) ID
2320	N1	04	ID Code	TPL carrier code	
2320	DTP	01	Date Time Qualifier	<b>Code</b>  344 345	<b>Definition</b>  COB begin COB end
2320	DTP	03	Date Time Period	Begin date and end date. If end date is not known only begin date is sent.	

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
June 2008

*Version 4.0*

### 4.0 Version Table

Version	Date	Section/Pages	Description
1.01	11/13/03		Document created
2.0	09/01/04	Section 2.0, Headers/Footers	Production version issued
2.1	06/22/05	Contact information updated	Production version issued
2.2	08/01/05	Sections 2.0, 2.1, 3.0 and Appendix A updated to reflect Secure File Delivery Application (SFDA) and contact information.	Production version issued
2.3	02/02/06	Section 1.0 was slightly reworded. Updates made to Section 2.0 to reflect customer web portal delivery and contract information. Update made to Section 3.0 to add Loop 2320 and coordination of benefits. The links in Appendix A, under Centers for Medicare and Medicaid Services (CMS), have been updated.	Production version issued
3.0	03/08	Entire document	Significant revisions throughout guide to reflect NewMMIS requirements
4.0	06/08	Entire document	Additional revisions throughout guide to reflect NewMMIS requirements, based on feedback from Version 3.0

\* Loop 2000, REF02, DX – Agency Affiliations: DSS – Dept. of Social Services, DYS- Dept. of Youth Services, DMH – Department of Mental Health, MCB – Mass. Commission for the Blind, DTA – Dept. of Transitional Assistance, SSA – Social Security Administration, PAC - PACES, MHO - MassHealth

\*\* Loop 2100A, N406, County Codes:

County Code	County Name
00	Cnty Unknown
01	Barnstable
02	Berkshire
03	Bristol
04	Dukes
05	Essex
06	Franklin
07	Hampden
08	Hampshire

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

County Code	County Name
-------------	-------------

09	Middlesex
10	Nantucket
11	Norfolk
12	Plymouth
13	Suffolk
14	Worcester

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

### Appendix A: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

#### **Accredited Standards Committee (ASC X12)**

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. [www.x12.org](http://www.x12.org)

#### **American Hospital Association Central Office on ICD-9-CM (AHA)**

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. [www.ahacentraloffice.org](http://www.ahacentraloffice.org)

#### **American Medical Association (AMA)**

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. [www.ama-assn.org](http://www.ama-assn.org)

#### **Association for Electronic Health-care Transactions (AFEHCT)**

- AFEHCT is a health-care association dedicated to promoting the interchange of electronic health-care information. [www.afehct.org](http://www.afehct.org)

#### **Centers for Medicare and Medicaid Services (CMS)**

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Healthcare Transactions and Code Sets Model Compliance Plan at [www.cms.hhs.gov/default.asp?fromhcfadotgov=true](http://www.cms.hhs.gov/default.asp?fromhcfadotgov=true).
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). [www.cms.hhs.gov/MedHCPCSGenInfo/](http://www.cms.hhs.gov/MedHCPCSGenInfo/)

#### **Designated Standard Maintenance Organizations (DSMO)**

- This site is a resource for information about the standard setting organizations, and transaction change request system. [www.hipaa-dsmo.org](http://www.hipaa-dsmo.org)

#### **Health Level Seven (HL7)**

- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. [www.hl7.org](http://www.hl7.org)

#### **MassHealth**

- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

#### **National Council of Prescription Drug Programs (NCPDP)**

- The NCPDP is the standards and codes development organization for pharmacy. [www.ncdp.org](http://www.ncdp.org)

#### **National Uniform Billing Committee (NUBC)**

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. [www.nubc.org](http://www.nubc.org)

# Commonwealth of Massachusetts

## Executive Office of Health and Human Services

*Outbound 834 Companion Guide*  
*June 2008*

*Version 4.0*

### **National Uniform Claim Committee (NUCC)**

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy.

[www.nucc.org](http://www.nucc.org)

### **Office for Civil Rights (OCR)**

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

### **United States Department of Health and Human Services (DHHS)**

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. [www.aspe.hhs.gov/admsimp/](http://www.aspe.hhs.gov/admsimp/)

### **Washington Publishing Company (WPC)**

- WPC is a resource for HIPAA-required transaction implementation guides and code sets.

[www.wpc-edi.com/HIPAA](http://www.wpc-edi.com/HIPAA)

### **Workgroup for Electronic Data Interchange (WEDI)**

- WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. [www.wedi.org](http://www.wedi.org)